



## Special Interest Groups and ACCC: What Does the Future Hold?

John E. Feldmann

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## Special Interest Groups and ACCC: What Does the Future Hold?

**S**pecial Interest Groups (SIGs) have become a fixture at ACCC over the past five years. One has only to look at the attendance at SIG meetings to see the popularity of the programs offered. In fact, at national meetings the SIG programs are now scheduled to allow attendees to participate in all sessions, rather than just in their areas of specialty. The growth in the SIGs' popularity is due in large part to the multidisciplinary nature of the offerings. The Association recognizes five SIGs—Administrator, Community Research/CCOP, Medical Director, Nursing, and Radiation Oncology. In response to membership suggestions, SIG chairs have made an effort to keep the topics broad and to avoid technical and reimbursement issues of interest only to one area.

Despite the popularity of the SIG meetings, actual SIG membership has remained low. This dichotomy makes it worthwhile to reevaluate the SIG program, to look at ways to increase SIG activity throughout ACCC in general. The potential is great since the SIGs represent the diversity of knowledge that makes our organization so strong. We need to find ways to put this knowledge to use in solving problems presented to ACCC and to the Board of Trustees.

One area where the SIGs can help in a new way is in the evaluation of position papers and statements issued by other organizations. The Board of Trustees is occasionally asked to endorse positions on matters that affect our community cancer centers in some way. Requests that require immediate attention are handled by the appropriate committee in consultation with ACCC officers. However, many positions are more complex and do not require immediate action. These position papers are brought to the Board at one of its three meetings throughout the year. Many of these positions are complex, and it is difficult to reach a consensus without additional study and information.

The Board of Trustees has therefore decided to obtain input from the SIGs on position papers received from outside organizations if the Board believes the position requires a more detailed discussion than it can receive at a single meeting. While the final decision on endorsement must be made by the Board of Trustees, additional input from our members is often desirable.

We are currently working out the details of a program to allow study of position papers by the registered SIG members. Since the SIG chairs attend all Board meetings, there is ample opportunity for the SIG views to be discussed. In addition, positions that are particularly complex or controversial can be discussed at one of the SIG meetings.

If this program is successful, the SIGs can develop further and become an important part of ACCC throughout the year, rather than just at the national meetings. Participation by membership is very important to an organization like ACCC, yet is often hard to achieve. As resources for our cancer programs become more limited, everyone has an increased workload and less time for outside activities. The SIG members can participate in ACCC decision making and policy development without a large investment in time away from home. I would ask all of you to consider this and contact either myself or incoming ACCC President James L. Wade III, M.D., with ideas for making ACCC as "user friendly" as possible.

It certainly has been an honor and a pleasure to serve as ACCC President during the past year. If there is one thing that has impressed me most during the past six years, it has been the continued focus of the organization on its mission to provide quality care for patients who cannot always speak for themselves and who can easily become the victims in the turbulent health care environment of today. I hope we never lose that vision—I feel confident that we will not.

I would like to close my last editorial with a word of thanks to two people whose support made this job possible. First, to my wife, Linda, who handled innumerable faxes for me, proofed my often verbose writing, and never missed an ACCC meeting. Second, to my partner, Dave Clarkson, who put up with numerous call schedule changes and put his own plans second to the ACCC schedule. To all the staff at ACCC, my thanks as well.

A handwritten signature in cursive script that reads "J. Feldmann".

—John E. Feldmann, M.D.